

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: EILEENS FOSTER HOME (610088)

Address: 1225 HWY 70 EAST, TIPLER, WI 54542

License Status: REGULAR

Licensed/Certified/Registered 06/01/1980

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095654 **End Date:** 09/02/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009460 Served 10/07/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.19(3)(f)	ACCIDENT RESULTS IN HOSPITALIZATION		
83.33(2)(h)1	MEDICAL SERVICES		
83.33(4)	CLIENT GROUP SPECIFIC SERVICES		
83.41(9)	CLEANLINESS OF ROOMS		
83.43(5)(b)	LICENSED BEFORE 1-1-97 REQUIREMENTS		Variance

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
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Survey ID: 0092667 End Date: 04/19/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009278 Served 06/07/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.12(2)(b)3	ADMINISTRATIVE EXPERIENCE OR BUSINESS	08/30/2005	Yes
83.14(7)(b)	CONTINUING EDUCATION	08/30/2005	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	08/30/2005	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	08/30/2005	Yes
83.41(10)(a)	BUILDING MAINTENANCE	08/30/2005	Yes
83.41(9)	CLEANLINESS OF ROOMS	08/30/2005	No

Survey ID: 0090937 End Date: 07/18/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10005223 Served 09/11/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(c)1	ADEQUATE STAFFING	04/19/2004	Yes
83.21(4)(w)	SAFE ENVIRONMENT	04/19/2004	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	04/19/2004	Yes
83.35(3)(a)	MENU PLANNING	04/19/2004	Yes
83.41(10)(a)	BUILDING MAINTENANCE	04/19/2004	No
83.41(5)(d)4	APPROVED WELLS WATER SAMPLED ANNUALLY	04/19/2004	Yes
83.41(9)	CLEANLINESS OF ROOMS	04/19/2004	No
83.42(10)	LIGHTS	04/19/2004	Yes
83.42(8)(b)	FIRE EXTINGUISHER	04/19/2004	Yes

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Community Based Residential Facility
CLASS AA (AMBULATORY)

Enforcement History

Date: 10/05/2005 **SOD #10009460** **Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
FORFEITURE---83.41(9)

Date: 06/04/2004 **SOD #10009278** **Appealed: No**

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.14(7)(b)
FORFEITURE---83.21(4)(p)
FORFEITURE---83.33(2)(c)
FORFEITURE---83.41(10)(a)
FORFEITURE---83.41(9)

Date: 09/09/2003 **SOD #10005223** **Appealed: No**

Sanctions

OTHER SANCTION
FORFEITURE---83.42(8)(b)

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Complaint History

Date Complaint Received: 02/25/2004

Date Investigation Completed: 04/19/2004

Subject Area(s)

HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

10009278

Date Complaint Received: 02/11/2004

Date Investigation Completed: 04/19/2004

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

SOD #

10009278
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